

State of New Hampshire



RICHARD M. FLYNN
COMMISSIONER OF SAFETY

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
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RE-EXAMINATION INSTRUCTIONS TO NEW HAMPSHIRE RESIDENTS TEMPORARILY OUT-OF-STATE

The State of New Hampshire, Department of Safety, regulations provide that every holder of a New Hampshire driver's license appear in person once every four years to pass an examination for visual acuity prior to the renewal of their driver's license, and a color photographic driver's license shall be issued to those who qualify.

In the event that you are unable to return to New Hampshire prior to the expiration of your six (6) month temporary driver's license, it will be necessary for you to follow the procedure indicated below.

Present the instructions, on the reverse side, to an authorized State Driver Examiner or eye doctor in your area and request that he assist you in qualifying for the renewal of your New Hampshire driver's license by administering the necessary test.

Upon completion of the visual acuity test, please return the form to the New Hampshire Department of Safety, Division of Motor Vehicles, P.O. Box 134, Concord, New Hampshire 03302-0134. Upon receipt of this form, providing the results of your visual acuity test meets the minimum standards, you will be issued a four (4) year New Hampshire driver's license, valid until expiration date shown on the driver's license.

Military personnel are exempt from re-examination. Affidavit must be furnished certifying active status in the armed forces and assignment outside of the State of New Hampshire.

INSTRUCTIONS TO DRIVER LICENSE EXAMINER

The State of New Hampshire Department of Safety regulations require each New Hampshire licensed driver to meet certain requirements before his New Hampshire driver's license can be renewed.

It will be appreciated by the State of New Hampshire if you would administer YOUR Vision Test to the bearer. This person is a New Hampshire licensed driver in good standing but is temporary out-of-state.

Please record the results of the test below and sign in the appropriate place.

VISUAL TEST RESULTS

<u>VISUAL ACUITY</u>	<u>WITHOUT CORRECTIVE LENSES</u>	<u>WITH CORRECTIVE LENSES</u>
Right eye	20/ _____	20/ _____
Left eye	20/ _____	20/ _____
Both eyes	20/ _____	20/ _____

Upon completion of the examination, please fill out the section below in its entirety, and return this form to the bearer. This application will not be accepted unless it is properly completed and signed.

APPLICANT'S NAME: _____
First Middle or Maiden Last

DATE OF BIRTH: _____ N.H. DRIVER LICENSE NO: _____

Permanent Address
in New Hampshire: _____
Street Address City Zip

Temporary
Address: _____

Applicant's
Signature: _____

Signature of Driver License Examiner Date License Examiner's
of Eye Doctor Stamp